

☐ Fees ☐ Registration Form ☐ Roster

☐ Assumption of Risk ☐ Proof of Residency

City of Burbank
Park, Recreation and Community Services Department
Sports Office – (818) 238-5330
<http://www.burbankusa.com>

Receipt

☐ Cash ☐ Check ☐ Charge

☐ \$252 (75% RES) ☐ \$277 (NR)

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: _____ Team Manager: _____

Home Phone: _____ Alternate Phone: _____

Address:

City: _____ Zip: _____ DOB: _____

Email: _____ Name: _____

Email: _____ Name: _____

If paying by credit card (Visa/MasterCard): Credit Card Number (only if card is not present) _____

Cardholder's Signature: _____ Exp. Date: _____

Team Status	Winter	Summer	Fall
<input type="checkbox"/> New Team	<input type="checkbox"/> Women's 6-player	<input type="checkbox"/> Coed	<input type="checkbox"/> Reverse Coed
<input type="checkbox"/> Returning Team		<input type="checkbox"/> 4-Man	<input type="checkbox"/> 4-Woman
Team Name _____			

Please rate your team to assist in team placement.

Competitive attitude: VERY COMPETITIVE COMPETITIVE RECREATIONAL

Overall Team Rating:

A	B	C	D	E	F
HIGHEST					LOWEST

Please check **all** preferred game time requests: ☐ 8:30-11:30 ☐ 10:30-1:30

Notes:

Team Manager's Signature: _____ **Date:** _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams